



RELEASE OF RECORDS AUTHORIZATION

I request the release of dental records for patient(s):

Previous Dentist Information (Name, Phone & Email Address):

Please send or email dental records to:

DUGGER DENTISTRY

Address: 1750 Blankenship Road, Suite #230, West Linn, OR 97068

Email: office@duggerdentistry.com

Patient's Signature

Date

Parent/Guardian Name Printed

Parent/Guardian's Signature

Date

DUGGER DENTISTRY

1750 Blankenship Road • Suite 230 • West Linn • Oregon • 97608 • 503-650-6599